

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**
QUALITY ASSURANCE DIVISION
CERTIFICATION BUREAU



Brian Schweitzer
GOVERNOR

Anna Whiting Sorrell
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

PO BOX 202953
HELENA MT 59620
(406) 444-2099
FAX (406) 444-3456

PROVIDER INFORMATION NOTICE - #051710

Preparing Electronic Plan of Corrections or Responses (*Revision 8/26/2010*)

This procedure describes how certified health care facilities can complete an electronic plan of correction. Certified facilities include Ambulatory Surgical Centers (ASC), Critical Access Hospitals (CAH), End Stage Renal Dialysis (ESRD), Home Health Agencies (HHA), Hospice, Hospitals, Outpatient Facilities, Nursing Homes (Long Term Care), and Rural Health Clinics. Any certified facility may use this method to complete its Plan of Correction (POC), but the following procedure must be followed to ensure security of patient information.

- 1.) If a facility is willing to submit a completed CMS 2567 form POC electronically, notify the state survey agency (SA) during the exit conference or by sending an email directly to the state authority (SA) at mtssad@mt.gov.
- 2.) In order to send and receive files using the State of Montana File Transfer Program, a facility will have to apply for a free electronic pass (ePass) to access the secured area. The ePass can be obtained at the following:
<https://app.mt.gov/epass/epass/create>. If different than the email provided during the exit conference, please share the facility email address that will use to send files via the FTP Process by emailing mtssad@mt.gov with this new information.
- 3.) Once the SA has the facility email address and the facility has indicated interest in the electronic POC process, the CMS 2567 will be sent electronically via the State of Montana File Transfer System. A hard copy will also be mailed to the facility at the same time.
- 4.) The facility must complete the plan of correction as follows:
 - a. Open the attached file and furnish the response to each deficiency noted. Remember to include the five criteria when responding. The five criteria are explained in the cover letter for the CMS 2567.
 - b. If you do not have the correct software or computer support to make changes directly to the document, you can complete the electronic format to and send them electronically for each deficiency cited. Your electronic file will be imported verbatim directly into the CMS computer based system.
 - c. Save the document and prepare it for a file transfer back to mtssad@mt.gov through the file transfer system at <https://transfer.mt.gov/>. **Do not** send the file directly to mtssad@mt.gov to maintain confidentiality.
 - d. If the facility prefers, it can send the completed POC via US Postal Service, Federal Express, UPS, etc.
 - e. If the POC responses are incomplete, a second electronic mailing will be done with any concerns or questions of the original submitted POC. Corrections can be made to the original POC by the facility and sent back electronically as described in item c above.
 - f. The first page of the POC must be signed by the appropriate facility representative and faxed to 406-444-3456 or mail the original signed page to:
Department of Public Health & Human Services
Certification Bureau
PO Box 202953
Helena MT 59620-2953
- 5.) Any questions with this process, please contact the Certification Bureau at 406-444-2099.

An Equal Opportunity Employer

